



SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING
1400 'E' STREET, MS-735, SAN DIEGO, CA 92101
(619) 531-2250



PEEP BOOTHS

San Diego Municipal Code, Section 33.0101(c), states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Peep Show establishments. Copies of the Peep Show Establishment Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2nd Floor, Ph. # (619) 533-4000 or via the City's website: www.sannet.gov/ (Department, City Clerk, Documents, Municipal Code), [SDMC Chapter 3, Article 3, Division 33 and Divisions 1-5](#). **NEW APPLICATIONS MUST BE SUBMITTED IN PERSON. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

The granting of a police permit does not relieve the applicant from obtaining all appropriate approvals required by the City of San Diego, or state or federal law. The granting of a permit does not relieve a permittee from the permittee's obligation to comply with all applicable local, state, and federal laws, including those related to building, zoning, fire, and other public safety regulations. The granting of a police permit does not vest any development rights in the property or business (SDMC 33.0309). In order to legally operate your business and to establish that your business location is suitable, it is suggested that you first obtain the following:

- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Phone (619) 615-1500.
- **ZONING APPROVAL** can be obtained from the City of San Diego Development Services, 1222 First Avenue (3rd Floor), San Diego, CA 92101 - Phone (619) 446-5000.
- **FIRE MARSHAL APPROVAL** can be obtained from San Diego Fire and Life Services, 1010 Second Avenue (3rd Floor), San Diego, CA 92101 - Phone (619) 533-4400.

PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE POLICE PERMIT:

- **POLICE PERMIT APPLICATION and BUSINESS ADDENDUM** - Each corporate officer or partner is deemed an applicant and must provide an application. An applicant who is a corporation or partnership shall designate one of its officers or general partners to act as its responsible managing officer. The responsible managing officer may complete, sign, and submit all applications on behalf of the corporate officers and partners. A criminal records check will be made on each applicant. A 30-day investigation period begins at the time the complete application is submitted.
- **INVESTIGATION FEE** - Cash, check, cashier's check or money order for a **non-refundable** application fee of **\$104.00 per applicant**, payable to **CITY TREASURER**.
- **REGULATORY FEE** - Cash, check, cashier's check or money order for a regulatory fee of **\$200.00 per peep booth** must be submitted along with your application payable to **CITY TREASURER**. This fee will be deposited upon approval. This fee is paid annually.
- **LIVE SCAN FINGERPRINTS** are **required** for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. (See attached list of locations.) **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **PHOTOGRAPHS** - Photographs will be taken at the time of application in the Police Permits and Licensing office. Our fee for photographs is \$15.00. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)
- **IDENTIFICATION** - Valid government issued picture identification card (driver's license or military ID).
- **Limited Partnership** - A copy of the limited partnership's certificate as filed with the County Clerk (if applicable).
- **Lease** - A copy of your lease or rental agreement for the property where the business is to be conducted.
- A copy of the **Articles of Incorporation** from the State of California must be submitted if a corporation is applying.



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Telephone No.: (619) 531-2250



APPLICATION

TYPE OF PERMIT: _____

☐ Owner ☐ Employee ☐ Partner ☐ Corporate Officer ☐ LLC

Date of Birth: _____ Driver's License/ID #: _____ State: _____

Applicant's Full Name: _____

Other Names Used: (Maiden, Alias, Etc.) _____ Stage Name: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Res. Ph. () _____ Bus. Ph. () _____ Cell Ph. () _____ Fax () _____

Internet Web Site Address/Auction Site User Name: _____

Soc. Sec. #: _____ Place of Birth: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Business Where Applicant Expects to be Employed:

Business Name: _____ D.B.A.: _____

Business Address: _____ City, State, Zip: _____

1. List previous residence addresses for the last five (5) years:

	Complete Addresses last five years	Year Date From	Year Date To
1			
2			
3			
4			
5			

FOR OFFICE USE ONLY

App. Date: _____ Permit Number: _____ Received by: _____ ☐ Live Scan Rec: _____

Records Check: _____
Initials/ID #

☐ RI01 ok or _____

Approving PCCO: _____ Date: _____

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE: _____

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

IF NONE, INITIAL HERE: _____

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

APPLICANTS: The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.

APPLICANT'S SIGNATURE

DATE OF APPLICATION

PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.

Live Scan Fingerprint Information

Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

The following are acceptable US Governmental Agencies located in San Diego County:

CHULA VISTA

Chula Vista Police Department

315 Fourth Street

Chula Vista, CA 92010

(619) 409-5954

M - F (8am-12pm) **Appointments Only**

M - F (1pm-4pm) **Appointments Only**

www.chulavistapd.org

LA JOLLA

UCSD Police Department

9500 Gilman Dr #0017

La Jolla, CA 92093

(858) 534-4361 **Appointments Only**

M - F 9am-3pm

SAN DIEGO

San Diego City Schools Police Services/EOC Bldg
4100 Normal St

San Diego, CA 92103-2682

(619) 725-7015 **Appointments**

(619) 725-7014 (Information)

T - F (8:30am-1pm) **Walk In**

T - F (2pm-4pm) **Appointments Only**

Not open to general public on Monday's

Closed School Holidays

SAN DIEGO - LSID X54/ML1

San Diego Community College Police

1536 Frazee Road, 1st Floor

San Diego, CA 92108

Contact: (619) 388-6416

M-Th (7:30am-5pm) **Wlk**

F (7:30am-12 noon) **Wlk**

E-mail address: dpicou@sdcc.edu

ESCONDIDO

Escondido Police Department

700 W Grand Ave

Escondido, CA 92025

Contact: (760) 839-4431

M - F (9:00am-3:30pm) **Appointments Only**

LA MESA

La Mesa Police Department (Storefront)

6119 Lake Murray Blvd

La Mesa, CA 91942

(619) 667-1342

M, T, W (10am-4pm) **Appointments/Walk In**

Th, F (9am-3pm) **Appointments/Walk In**

SAN DIEGO

San Diego State University

5500 Campanile Dr

SSE-1410

San Diego, CA 92182

(619) 594-3193

M - F (8am-4pm) **Appointments Only**

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA 0371100 Type of Application: Permits and Licensing
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431(619-) 531-2250

City

State

Zip Code

Contact Telephone No.

Name of Applicant:

(Please print)

Last

First

MI

Alias:

Last

First

Driver's License No: _____

Date of Birth: _____

Sex: ☐ Male ☐ FemaleMisc. No. BIL - Applicant to pay

Agency Billing Number

Height: _____

Weight: _____

Misc. Number: _____

Eye Color: _____

Hair Color: _____

Home Address:

Street No.

Street or PO Box

City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service: ☒ DOJIf resubmission, list Original ATI
Number: _____

Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency